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FISCAL IMPACT REPORT

SPONSOR Anderson DATE TYPED 2-9-05 HB 547

SHORT TITLE Automatic External Defibrillator Programs SB _____

ANALYST Collard

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$250.0			Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Commission on Higher Education (CHE)

SUMMARY

Synopsis of Bill

House Bill 547 appropriates \$250 thousand from the general fund to DOH for the purpose of providing grants to political subdivisions such as counties or local governments for automatic external defibrillator (AED) programs.

Significant Issues

DOH notes heart disease is the leading cause of death nationally, accounting for 696,947 deaths in 2002 (National Center for Health Statistics). The American Heart Association estimates that approximately 20 thousand lives can be saved annually if early cardiac defibrillation were more widely available. Placement of AED and semi-automatic external defibrillation devices, combined with training of facility personnel, has proven an effective early intervention strategy for cardiac emergencies. With training, external defibrillation is a lifesaving tool in the critical moments before professional emergency medical services (EMS) personnel arrive on scene.

FISCAL IMPLICATIONS

The appropriation of \$250 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY06 shall revert to the general fund.

CHE notes they will likely be a recipient of one of these grants.

ADMINISTRATIVE IMPLICATIONS

DOH indicates the bill would add an additional administrative duty to DOH and the state EMS Bureau to manage the AED program created with appropriated funds. This additional administrative responsibility could be managed with current staff. Currently, the EMS Bureau manages a federal AED grant to place equipment and provide training in rural areas of the state.

OTHER SUBSTANTIVE ISSUES

DOH states, in cardiac arrest, the first several minutes are the most crucial time to perform external defibrillation, which can significantly improve chances for survival. While EMS services have made some early response impact, they typically respond at scenes about 8 minutes after being called. Cardiac defibrillation should be accomplished in the first 4-6 minutes to be most effective. The existing AED program is directed toward law enforcement vehicles and local entities, placing AEDs closer to the populations likely to experience cardiac arrest events. Additional funds would increase availability and access to this life saving equipment.

The state has enacted the Cardiac Arrest Response Act, beginning Section 24-10C-1, NMSA 1978. This program mirrors the American Heart Association guidelines for public access defibrillation programs. Additional resources, such as those provided in the bill, would expand the availability of AEDs throughout the state, which has the potential to prevent death due to cardiac arrest.

KBC/njw